

# **HL7 EHR TC**

## **Electronic Health Record-System Functional Model, Release 1 February 2007**

# Glossary

### **EHR Technical Committee Co-chairs:**

Linda Fischetti, RN, MS  
Veterans Health Administration

Don Mon  
American Health Information Management Association

John Ritter  
Intel Corporation

David Rowlands  
Standards Australia

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**Scope:**

The EHR-TC Functional Model Glossary only defines terms that are unique to the EHR System Functional Model. Terms in the EHR-TC Functional Model Glossary will be submitted for inclusion in the HL7 Version 3.0 Edition 2006 Glossary

| Term                                | Definition  | Citation   | Location of Term in Functional Model |
|-------------------------------------|---|--|--------------------------------------|
| <b>A</b>                            |   |  |                                      |
| Access                              | The possibility to retrieve medical information stored in a database or remote application. Access should be limited by security authentication mechanisms.   |  | Various, including DC.1.1.5          |
| Access control                      | A means of ensuring that the resources of a data processing system can be accessed only by authorized entities in authorized ways.  | (ISO/IEC 2382-8, 1998)   | Various, including IN.1.3            |
| Accountability                      | The property that ensures that the actions of an entity may be traced uniquely to that entity.<br>(ISO/IEC 2382-8, 1998)  | (ISO/IEC 2382-8, 1998) cited in ISO TS 18308   | Various, including S.2.1.2           |
| Active order                        | Active – In a state of action. Order – Request for a certain procedure to be performed.   | America Heritage Dictionary, Second College Edition, Houghton Mifflin Company, Boston, 1991. |                                      |
| Activity                            | An action for the creation, the acquisition or the furnishing of a “product”, e.g. register patient.  |  | Various, including DC.1.8.1          |
| Actor<br>(in the healthcare system) | Health professional, healthcare employee, patient/consumer, sponsored healthcare provider, healthcare organization, device or application that acts in a health related communication or service.   | (ISO/TS 17090, 2001 - modified) cited in ISO TS 18308  | Various including IN.1.5             |
| Alert                               | Written or acoustic signals to announce the arrival of messages and results, and to avoid possible undesirable situations, such as contradictions, conflicts, erroneous entry, tasks that are not performed in time or exceptional results. A Passive Alert will appear on the screen in the form of a message. An Active Alert calls for immediate attention and the appropriate person is immediately notified, e.g. by beeper. |  | Various, including S.3.2.3           |

| Term         | Definition  | Citation  | Location of Term in Functional Model |
|--------------|---|---|--------------------------------------|
| Architecture | <ol style="list-style-type: none"> <li>1. A framework from which applications, databases and workstations can be developed in a coherent manner, and in which every part fit together without containing a mass of design details - normally used to describe how a piece of hardware or software is constructed and which protocols and interfaces are required for communications. Network architecture specifies the functions and data transmission needed to convey information across a network.</li> <li>2. An architecture is a formal representation of the design of an object, where the design may be of any type of structure, generally complex, and which may physical, conceptual, real or virtual, or of an enterprise, and which has a commissioned scope subject to governance.</li> <li>3. That set of design artefacts or descriptive or descriptive representations that are relevant for describing an object such that it can be produced to requirements (quality) as well as maintained over the period of its useful life (change).</li> </ol> | (Zachman, 1996)   | Various, including IN.2.2            |
| Archiving    | The process of moving one or more EHR extracts to off-line storage in a way that ensures the possibility of restoring them to on-line storage when needed without loss of meaning. Wherever possible, archived data should be technology-independent so that future users do not have dependencies on obsolete technology from the past.  | ISO TS 18308  | Various, including IN.2.2            |
| Attestation  | The process of certifying and recording legal responsibility for a particular unit of information.  | ISO TS 18308  | Various, including IN.1.8            |
| Audit        | To track activities, identify the types of access that took place, identify a security breach, or warn the administrator of suspicious activity.  | All In One CISSP Certification Exam Guide, Shon Harris, CISSP, MCSE, CCNA, 2002, McGraw Hill, Osborne, Berkley, CA. | Various, including IN.2.2            |
| Audit trail  | A chronological record of activities of information system users which enables prior states of the information to be faithfully reconstructed.  | ISO TS 18308  | Various, including IN.2.2            |
| Augmentation | Augmentation refers to providing additional information regarding the healthcare data, which is not part of the data itself, e.g. linking patient consents or authorizations to the healthcare data of the patient.   |   | IN.2.5.1 and IN.2.5.2                |

| Term                                     | Definition   | Citation  | Location of Term in Functional Model |
|--|--|---|--------------------------------------|
| Authentication                           | The act of verifying the claimed identity of an entity.  | (ISO/IEC 2382-8, 1998) as cited in ISO TS 18308   | Various, including IN.1.1            |
| Authority                                | Body that has legal powers and rights.   | (ISO/IEC 2382-8, 1998) as cited in ISO TS 18308   | DC.2.6.3, S.3.3.3, IN.2.2            |
| Authorization                            | Authorization is the process of giving someone permission to do or have something. In multi-user computer systems, a system administrator defines for the system which users are allowed access to the system and what privileges of use (such as access to which file directories, hours of access, amount of allocated storage space, and so forth). Assuming that someone has logged in to a computer operating system or application, the system or application may want to identify what resources the user can be given during this session. Thus, authorization is sometimes seen as both the preliminary setting up of permissions by a system administrator and the actual checking of the permission values that have been set up when a user is getting access. | <a href="http://searchappsecurity.ectharget.com/sDefinition/0,,sld92_gci211622,00.html">http://searchappsecurity.ectharget.com/sDefinition/0,,sld92_gci211622,00.html</a> | DC.1.3.3                             |
| Availability (in computer security)      | The property of data or of resources being accessible and usable on demand by an authorized entity.  | (ISO/IEC 2382-8, 1998) cited in ISO TS 18308  | IN.2.1                               |
| <b>B</b>                                 |  |   |                                      |
| Background process                       | Background processes, as the name says, are processes running behind the scene and are meant to perform certain maintenance activities or to deal with abnormal conditions arising in the lifetime of the instance.  | <a href="http://www.dbasupport.com/oracle/ora9i/background_process01.shtml">http://www.dbasupport.com/oracle/ora9i/background_process01.shtml</a>                         |                                      |
| Backup                                   | A copy of a file or disk. Making copies of software and/or data in case the original is lost, corrupted, or destroyed is referred to as 'backing up'.  |   | IN.2.2                               |
| Behavioral healthcare                    | Continuum of services for individuals at risk of, or suffering from mental, addictive, or other behavioral health disorders.   | <a href="http://www.mentalhealth.samhsa.gov/publications/allpubs/MC98-70/default.asp">www.mentalhealth.samhsa.gov/publications/allpubs/MC98-70/default.asp</a>            | DC.2.4.4.2                           |
| Best practice                            | Are practices that incorporate the best objective information currently available regarding effectiveness and acceptability.   | <a href="http://www.samhsa.gov/grants/2005/nofa/sm65011_jail_appellanAtol.pdf">www.samhsa.gov/grants/2005/nofa/sm65011_jail_appellanAtol.pdf</a>                          | DC.2.1.1, DC.2.1.2, DC.2.1.3         |
| Boundaries                               | 1. Something that indicates a border or limit.<br>2. The border or limit so indicated.   | <a href="http://dictionary.reference.com/search?q=boundaries&amp;r=66">http://dictionary.reference.com/search?q=boundaries&amp;r=66</a>                                   | DC.3                                 |
| <b>C</b>                                 |  |   |                                      |
| Capture (as in capture of clinical data) | A means of inputting or recording data into the system either through human intervention or mechanical means. (e.g., importing a file, device to EHR-S input, insertion of data via a message).  | <a href="http://www.merriamwebster.com/dictionary/capture">http://www.merriamwebster.com/dictionary/capture</a>   | Various, including DC1.1.2           |

| Term                      | Definition   | Citation  | Location of Term in Functional Model   |
|---------------------------|--|---|--|
| Care plan                 | A care plan is an ordered assembly of expected or planned activities, including observations, goals, services, appointments and procedures, usually organized in phases or sessions, which have the objective of organizing and managing health care activity for the patient, often focused upon one or more of the patient's health care problems. Care plans may include order sets as actionable elements, usually supporting a single session or phase. Also known as Treatment Plan.   | HL7 Clinical Decision Support team, Jim McClay, SAGE guideline consortium, University of Nebraska Medical Center  | Various, including DC.1.6.1, DC.1.6.2  |
| Cascade                   | Something arranged or occurring in a series or in a succession of stages so that each stage derives from or acts upon the product of the preceding.  | <a href="http://www.m-w.com/cgi-bin/dictionary?book=Dictionary&amp;va=cascade">http://www.m-w.com/cgi-bin/dictionary?book=Dictionary&amp;va=cascade</a> | IN.4.2                                 |
| Chain of trust            | HIPAA requires the implementation of certain administrative procedures to guard the integrity, confidentiality and availability of data protected under the act. A Chain of Trust Agreement is such a procedure. It is essentially a Non-Disclosure Agreement that governs the transmission of data through an electronic medium. The sender and recipient agree to protect the data electronically transmitted between them.  | <a href="http://www.hipaadvisory.com/action/legalqa/advisor/HIPAAAdvisor5.htm">http://www.hipaadvisory.com/action/legalqa/advisor/HIPAAAdvisor5.htm</a> | IN 1.1                                 |
| Change history            | A record of changes that have occurred over time, as to a document or other change controlled item. The log can serve as an audit record for activity in a file system.  | <a href="http://en.wikipedia.org/wiki/File_change_log">http://en.wikipedia.org/wiki/File_change_log</a>   | Various, including IN.2.2              |
| Change log                | A record of changes that have occurred over time, as to a document or other change controlled item. The log can serve as an audit record for activity in a file system.  | <a href="http://en.wikipedia.org/wiki/File_change_log">http://en.wikipedia.org/wiki/File_change_log</a>   |  |
| Clinical Data/Information | Data/information related to the health and health care of an individual collected from or about an individual receiving health care services. It includes a caregiver's objective measurement or subjective evaluation of a patient's physical or mental state of health; descriptions of an individual's health history and family health history; diagnostic studies; decision rationale; descriptions of procedures performed; findings; therapeutic interventions; medications prescribed; description of responses to treatment; prognostic statements; and descriptions of socio-economic and environmental factors related to the patient's health. | CPRI, 1996b; ASTM 1769  | Various, including DC.1.1.3.1 & DC.1.2 |

| Term                      | Definition   | Citation  | Location of Term in Functional Model |
|---------------------------|--|---|--------------------------------------|
| Clinical decision support | <p>Clinical Decision Support (CDS) refers broadly to providing clinicians or patients with clinical knowledge and patient-related information, intelligently filtered or presented at appropriate times, to enhance patient care. Clinical knowledge of interest could range from simple facts and relationships to best practices for managing patients with specific disease states, new medical knowledge from clinical research and other types of information.</p> <p>CDS goals and objectives are the target healthcare processes and outcomes that CDS efforts are intended to achieve. Goals are high-level or strategic targets such as increasing patient safety; objectives are more specific, tactical targets, such as increasing the use of specific life-saving medications in appropriate circumstances.</p> | <ul style="list-style-type: none"> <li>♦ <a href="http://www.himss.org/ASP/topics_clinicalDecision.asp">http://www.himss.org/ASP/topics_clinicalDecision.asp</a></li> <li>♦ HL7 Version 3.0 Edition 2006 Glossary</li> </ul>  | DC.2                                 |
| Clinical documents        | Documents created and used in support of clinical decisions. See Also: Clinical Information.   |   | DC.1.8.5                             |
| Clinical information      | Information about a patient, relevant to the health or treatment of that patient, that is recorded by or on behalf of a healthcare professional.   |   | DC.1.2, DC.1.7.2.2                   |
|                           | NOTE: Clinical information about a patient may include information about the patient's environment or about related people or animals where this is relevant.  |   |                                      |
| Clinical process          | The steps that are involved in the delivery of healthcare services to a patient/consumer.  | ISO TS 18308  |                                      |
| Clinician                 | An expert clinical physician and teacher.  | <a href="http://www.mercksource.com/pp/us/cns/cns_hl_dorlands.jspzQzpgzEzzSzppdocszSzuszSzcommonzSzdorlandzSzmd_c_40zPzhtm#12243939">http://www.mercksource.com/pp/us/cns/cns_hl_dorlands.jspzQzpgzEzzSzppdocszSzuszSzcommonzSzdorlandzSzmd_c_40zPzhtm#12243939</a>           | Various, including IN.1.8            |
| Clinical tasks            | Tasks whose results are recorded in clinical documents.  |   | DC.3.1.1                             |
| Code set(s)               | Under HIPAA, this is any set of codes used to encode data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes. This includes both the codes and their descriptions. HIPAA requires every provider who does business electronically to use the same health care transactions, code sets, and identifiers. Code sets are the codes used to identify specific diagnosis and clinical procedures on claims and encounter forms.  | <ul style="list-style-type: none"> <li>♦ <a href="http://aspe.hhs.gov/admsimp/fagcode.htm">http://aspe.hhs.gov/admsimp/fagcode.htm</a></li> <li>♦ <a href="http://www.cms.hhs.gov/TransactionCodeSetsStandards/">www.cms.hhs.gov/TransactionCodeSetsStandards/</a></li> </ul> | IN.4.2                               |
| Coded                     | References a vocabulary, code set, or database, such as SNOMED, MEDCIN, etc.   |   | Various, including IN.2.5            |

| Term  | Definition  | Citation  | Location of Term in Functional Model                          |
|---|---|---|---|
| Communication with medical devices            | Interfacing and integration ranging from the device to the database level in support of creation of clinical documents. Examples include automatic importation of blood pressure readings and viewing of ECGs.  |   | DC.3.2.5  |
| Confirmation service (BAA)                    | A service that provides identification, control, accounting, and documentation of all changes that take place to system hardware, software, firmware, supporting documentation, and test results throughout the life span of the system.                              | All In One CISSP Certification Exam Guide, Shon Harris, CISSP, MCSE, CCNA, 2002, McGraw Hill, Osborne, Berkley, CA. | IN.1.5  |
| Conformance                                   | The fulfillment of a product, process, or service of specified requirements.  | HL7 EHR-S Functional Model Chapter 2: Conformance Clause  | Conformance Clause: Introduction                              |
| Conformance criteria                          | Statements of requirement indicating the behavior, action, capability that constitutes implementation of the function.  | HL7 EHR-S Functional Model Chapter 2: Conformance Clause  | Conformance Clause: Introduction                              |
| Conformance clause                            | A section of a specification that defines the requirements, criteria, or conditions to be satisfied in order to claim conformance.  | HL7 EHR-S Functional Model Chapter 2: Conformance Clause  | Conformance Clause: Introduction                              |
| Conformance statement                         | A statement associated with a specific implementation of a profile of the EHR-S Functional Model.   | HL7 EHR-S Functional Model Chapter 2: Conformance Clause  | Conformance Clause, Section 1, Scope and Field of Application |
| Consumer (in relation to healthcare services) | A person requiring, scheduled to receive, receiving or having received a healthcare service.  | ISO TS 18308  | DC.2.6.1  |
| Create  | To make or bring into existence something new such as a computer entry.   | <a href="http://www.m-w.com/dictionary/create">http://www.m-w.com/dictionary/create</a>                             | Various, including DC.1.1.1                                   |
| <b>D</b>                                      |   |   |   |
| Data aggregation                              | A process by which information is collected, manipulated and expressed in summary form. Data aggregation is primarily performed for reporting purposes, policy development, health service management, research, statistical analysis, and population health studies. | ISO TS 18308  |   |
| Data validation                               | A process used to determine if data are accurate, complete, or meet specified criteria.<br>NOTE – Data validation may include format checks, completeness checks, check key tests, reasonableness checks, and limit checks.   | (ISO/IEC 2382-8, 1998) as cited in ISO TS 18308   |   |

| Term                     | Definition  | Citation  | Location of Term in Functional Model                             |
|--------------------------|---|---|--|
| Decision support prompts | Any computer based support of medical, managerial, administrative and financial decisions in health using knowledge bases and/or reference material. [In this sense the term is essentially synonymous with Knowledge-Based Systems, and some users use the term this way in preference to the terms Expert System or Knowledge-Based System, eg a system that uses statistical look-up to provide users with decision support may be regarded as a Decision Support System, therefore care should be taken in making this identification between the terms]. | <a href="http://www.cenc251.org/Gi/nfo/Glossary/tcglosd.htm">http://www.cenc251.org/Gi/nfo/Glossary/tcglosd.htm</a>   | Various, including DC.1.8.6                                      |
| Decision support system  | Any computer based support of medical, managerial, administrative, and financial decisions in health using knowledge bases and/or reference materials.  |   | Various, including S.3.7.1                                       |
| Decrypt                  | Decryption is the process of converting encrypted data back into its original form, so it can be understood.  | <a href="http://searchsecurity.techtarget.com/sDefinition/0,,sid14_gci212062,00.html">http://searchsecurity.techtarget.com/sDefinition/0,,sid14_gci212062,00.html</a> | IN.1.6   |
| Derived profile          | A profile that is created from an exiting profile.  | HL7 EHR-S Functional Model Chapter 2: Conformance Clause  | Conformance Clause, Section 8.2: Rationale for 'Dependent SHALL' |
| Digital signature        | Digital signature (or public-key digital signature) is a type of method for authenticating digital information analogous to ordinary physical signatures on paper, but implemented using techniques from the field of public-key cryptography. A digital signature method generally defines two complementary algorithms, one for signing and the other for verification, and the output of the signing process is also called a <i>digital signature</i> .   | ♦ <a href="http://en.wikipedia.org/wiki/Digital_signature">http://en.wikipedia.org/wiki/Digital_signature</a>   | Various, including IN.1.5  |
|                          | <ol style="list-style-type: none"> <li>Any representation of a signature in digital form, including an image of a handwritten signature.</li> <li>The Authentication of a computer entry in a health record made by the individual making the entry.</li> </ol>   | ♦ AHIMA, Health Information Management and Technology: Pocket Glossary. Page 74. 2006   |  |
| Directory                | In computing, a directory, catalog, or folder, is an entity in a file system which contains a group of files and other directories. A typical file system contains thousands of files, and directories help organize them by keeping related files together.  | <a href="http://en.wikipedia.org/wiki/Directory">http://en.wikipedia.org/wiki/Directory</a>   | Various, including IN.3  |



| Term                         | Definition  | Citation  | Location of Term in Functional Model |
|------------------------------|---|---|--------------------------------------|
| Disease management           | A broad approach to appropriate coordination of the entire disease treatment process that often involves shifting away from more expensive inpatient and acute care to areas such as preventive medicine, patient counseling and education, and outpatient care. This concept includes implications of appropriate versus inappropriate therapy on the overall cost and clinical outcome of a particular disease. | <a href="http://cancerweb.ncl.ac.uk/cgi-bin/omd?disease+management">http://cancerweb.ncl.ac.uk/cgi-bin/omd?disease+management</a>                                     | Various, including DC.2.2.2          |
| Discrete capture             | Capture of an individual item of data.  | <a href="http://www.m-w.com/dictionary/capture">http://www.m-w.com/dictionary/capture</a>   |                                      |
| Display                      | Implies read-only data-access capability.<br><br>( <i>verb form</i> ): Presenting information on a computer monitor. Example: The system SHALL display medication ordering dates when known." See "View."   |   | Various, including DC.1.1.3.1        |
| Document                     | 1. ( <i>noun form</i> ): See "Clinical Document."<br>2. ( <i>noun form</i> ) - a writing conveying information.<br>3. ( <i>verb form</i> ) to provide with factual or substantial support for statements made or a hypothesis proposed; especially : to equip with exact references to authoritative supporting information.  | <a href="http://www.m-w.com/cgi-bin/dictionary/document">http://www.m-w.com/cgi-bin/dictionary/document</a>   | Various, including DC.1.8.5          |
| Documentation                | All "notes" are "documentation," but not all "documentation" are "notes". Therefore, the broader term "documentation" should be used, unless the use of "notes" as a subset is specifically intended. See "Notes."  |   | Various, including DC.1.1.3.1        |
| <b>E</b>                     |   |   |                                      |
| EHR                          | A comprehensive, structured set of clinical, demographic, environmental, social, and financial data and information in electronic form, documenting the health care given to a single individual.   | (ASTM E1769, 1995)  | Various, including DC.1              |
| Electronic messaging systems | Messages with a definite originator and one or more recipients, viewable on a computer or other electronic device. Common examples include cellular phone text messages and electronic mail.  |   | DC.1.8.3                             |
| Encounter                    | Encounter serves as a focal point linking clinical, administrative, and financial information. Encounters occur in many different settings - ambulatory care, inpatient care, emergency care, home health care, field and virtual (telemedicine).   | <a href="http://www.ncvhs.hhs.gov/040127p1.htm">http://www.ncvhs.hhs.gov/040127p1.htm</a>   | Various, including DC.1.2            |
| Encryption                   | Encryption is the conversion of data into a form, called a ciphertext, that cannot be easily understood by unauthorized people.   | <a href="http://searchsecurity.techtarget.com/sDefinition/0,,sid14_gci212062,00.html">http://searchsecurity.techtarget.com/sDefinition/0,,sid14_gci212062,00.html</a> | Various, including IN.1.6            |

| Term                     | Definition   | Citation  | Location of Term in Functional Model   |
|--------------------------|--|---|--|
| Enterprise               | A generic term describing an extremely large network. It is usually used as a definition of 500 stations or greater.   | <a href="http://www.csgnetwork.com/glossarye.html#enterprise">http://www.csgnetwork.com/glossarye.html#enterprise</a>                                 | Various including IN.4.1               |
| Entity                   | Something that has separate and distinct existence and objective or conceptual reality. Something that exists as a particular and discrete unit.<br>An organization (as a business or governmental unit) that has an identity separate from those of its members.  | <a href="http://www.m-w.com/cgi-bin/dictionary?book=Dictionary&amp;va=entity">http://www.m-w.com/cgi-bin/dictionary?book=Dictionary&amp;va=entity</a> | Various including IN.1.1               |
| Evidence based resources | Evidence-based practice is a "conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research".  | <a href="http://www.fhs.mcmaster.ca/rehab/research/ebr.html">http://www.fhs.mcmaster.ca/rehab/research/ebr.html</a>                                   | DC.2.7.1                               |
| <b>F</b>                 |  |   |  |
| Filterable               | The ability to programmatically separate and constrain data into specific value sets.  |   |  |
| Formulary                | A preferred list of drug products that typically limits the number of drugs available within a therapeutic class for purposes of drug purchasing, dispensing and/or reimbursement. A government body, third-party insurer or health plan, or an institution may compile a formulary. Some institutions or health plans develop closed (ie restricted) formularies where only those drug products listed can be dispensed in that institution or reimbursed by the health plan. | <a href="http://www.hrsa.gov/opa/glossary.htm">http://www.hrsa.gov/opa/glossary.htm</a>   | DC.1.7.1,                              |
| Flowsheets               | A tabular summary of information that is arranged to display the values of variables as they change over time.   | <a href="http://www.cenc251.org/Ginfo/Glossary/tcglosf.htm">http://www.cenc251.org/Ginfo/Glossary/tcglosf.htm</a>                                     | DC.1.8.3,                              |
| Function                 | 1. A computation which takes some arguments or inputs and yields an output. Any particular input yields the same output every time. More formally, a mapping from each element in the domain to an element in the range.<br>2. A subroutine which returns a value.   | <a href="http://www.nist.gov/dads/HTML/function.html">http://www.nist.gov/dads/HTML/function.html</a>   | Various, including Chapter 1: Overview |
| <b>G</b>                 |  |   |  |
| Generic orders           | General treatment orders   |   |  |
| Guidelines               | An indication or outline of policy or conduct.   | <a href="http://www.merriamwebster.com/dictionary/guideline">http://www.merriamwebster.com/dictionary/guideline</a>                                   | Various, including DC.1.6.1            |
| <b>H</b>                 |  |   |  |

| Term   | Definition  | Citation  | Location of Term in Functional Model         |
|--|---|---|--|
| Health condition   | An observable finding about or state of health that persists over time and tends to require intervention or management, and, therefore, distinguished from an Observation made at a point in time; may exist before an Observation of the Condition is made or after interventions to manage the Condition are undertaken. Examples: wellness, impairment, chronic illness. |   | DC.1.2                                       |
| <b>I</b>   |   |   |  |
| Informative functional profile                                   | A functional profile that has successfully completed formal public scrutiny via the HL7 consensus process.  | HL7 EHR-S Functional Model Chapter 2: Conformance Clause  | Conformance Clause, Sections 2.1, 7.1, and 9 |
| Integrate (i.e. integrate and display lab results)               | To join two or more objects or make something part of a larger whole, or be joined or made part of a larger whole.  | <a href="http://encarta.msn.com/encnet/features/dictionary/DictionaryResults.aspx?refid=1861621678">http://encarta.msn.com/encnet/features/dictionary/DictionaryResults.aspx?refid=1861621678</a>   | Various, including DC.2.1.3                  |
| Interchange standards  | Standards by which information, typically electronic data, are exchanged. Examples include the HL7 Clinical Document Architecture.  |   | IN.5.1                                       |
| Intervention   | <ol style="list-style-type: none"> <li>1. The act or fact of interfering so as to modify.</li> <li>2. Specifically, any measure whose purpose is to improve health or to alter the course of a disease.</li> </ol>  | <a href="http://www.mercksource.com/pp/us/cns/cns_hl_dorlands.jspzQzpgzEzzSzppdocszSzuszSzcommonzSzdorlandzSzdzorlandzSzdmnd_i_10zPzhtm#12456410">http://www.mercksource.com/pp/us/cns/cns_hl_dorlands.jspzQzpgzEzzSzppdocszSzuszSzcommonzSzdorlandzSzdzorlandzSzdmnd_i_10zPzhtm#12456410</a> | Various, including DC.1.3.2                  |
| Interpretation   | To conceive in the light of individual belief, judgment, or circumstance.   | <a href="http://www.merriamwebster.com/dictionary/interpreting">http://www.merriamwebster.com/dictionary/interpreting</a>   | DC.2.4.3                                     |
| Input mechanism  | An approach, typically utilizing a user interaction device, for data input. Examples include a keyboard and mouse.  |   | DC.2.6.1                                     |
| <b>L</b>   |   |   |  |
| Label (i.e., the system shall capture and explicitly label.... ) | Identifier for part of computer program: a number or word that acts as a unique identifier for a part of a computer program.  | <a href="http://encarta.msn.com/encnet/features/dictionary/DictionaryResults.aspx?refid=1861624533">http://encarta.msn.com/encnet/features/dictionary/DictionaryResults.aspx?refid=1861624533</a>   | Various, including DC.1.1.3.2                |
| <b>M</b>   |   |   |  |
| Maintain   | To ensure that a website, a piece of software, or database is kept up-to-date and in good order for the benefit of users. Could involve any of the following actions; capture, create, read, and update (edit, correct, amend, and augment).  | <a href="http://encarta.msn.com/encnet/features/dictionary/DictionaryResults.aspx?refid=1861627890">http://encarta.msn.com/encnet/features/dictionary/DictionaryResults.aspx?refid=1861627890</a>   | Various, including DC.1.1.1                  |
| Maintenance  | <ol style="list-style-type: none"> <li>1. The act of maintaining or the state of being maintained.</li> <li>2. The work of keeping something in proper condition; upkeep.</li> </ol>  | <a href="http://www.bartleby.com/61/56/M0045600.html">http://www.bartleby.com/61/56/M0045600.html</a>   | Various, including DC.1.8.2                  |

| Term  | Definition  | Citation  | Location of Term in Functional Model |
|---|---|---|--------------------------------------|
| Maintenance and versioning (used as a phrase) | The management of multiple revisions of the same unit of information.   | <a href="http://en.wikipedia.org/wiki/Versioning">http://en.wikipedia.org/wiki/Versioning</a>   | Various, including IN.4.2            |
| Manage  | To handle, direct, govern, maintain, or control in action or use. Includes the elements of retrieval, deletion, correction, amendment, and augmentation.  | Random House College Dictionary   | Various, including DC.1.1.2          |
| Management                                    | Managing healthcare data includes capture, retrieval, deletion, correction, amendment, and augmentation. The act or art of managing. The conducting or supervising of something.  | <a href="http://www.merriamwebster.com/dictionary/management">http://www.merriamwebster.com/dictionary/management</a>   | DC.1.1                               |
| Masking, Mask (noun)                          | Masking is a term used to describe process of restricting access to or transfer of personal health information (PHI). Typically masking is applied at the data source and may be overridden, as permitted by law, by the accessing custodian (e.g. in emergency health situations).   | <a href="http://www.infoway-inforoute.ca/en/InfowayPassport/InfowayPassport.aspx?ReturnUrl=http%3a%2f%2fknowledge.infoway-inforoute.ca%2fDefault.aspx">http://www.infoway-inforoute.ca/en/InfowayPassport/InfowayPassport.aspx?ReturnUrl=http%3a%2f%2fknowledge.infoway-inforoute.ca%2fDefault.aspx</a> | IN.1.9                               |
| May   | Indicates an optional, permissible action. Synonymous with 'is permitted'.  | HL7 EHR-S Functional Model Chapter 2: Conformance Clause  | Various, including DC.1.1.3.1        |
| Medical                                       | Relating to the study or practice of medicine; "the medical profession"; "a medical student"; "medical school".   | <a href="http://wordnet.princeton.edu/perl/webwn?s=medical">http://wordnet.princeton.edu/perl/webwn?s=medical</a>   | Various, including DC.1.2            |
| <b>N</b>                                      |   |   |                                      |
| Non-repudiation                               | Assurance that the entry or message came from a particular user. It will be difficult for a party to deny the content of an entry or creating it.   | <a href="http://www.ahima.org/infocenter/guidelines/lts/5.1.asp">http://www.ahima.org/infocenter/guidelines/lts/5.1.asp</a>   | Various, including IN.1.5            |
| Notes   | The naming rules in this document only apply to "clinical notes." Within this document we are using the term "clinical note" to have a special meaning. For purposes of this document, a clinical note is a clinical document (as defined by the HL7 CDA Standard) where the document was produced by clinical professionals and trainees either spontaneously (e.g. I write my admitting note) or in response to a request for consultation.. They are to be distinguished from patient reports such as radiology reports, pathology reports, laboratory reports, cardiac catheterization reports, etc., that are generated in response to an order for a specific procedure. Names for most of these later concepts are accommodated well by the clinical LOINC naming structure, and are already well covered by existing terms within the LOINC database. | <a href="http://www.regenstrief.org/loinc/discussion/Clinical/ontology.doc">http://www.regenstrief.org/loinc/discussion/Clinical/ontology.doc</a>   | DC.1.1.3.1, DC.1.8.5                 |
| <b>O</b>                                      |   |   |                                      |

| Term                           | Definition  | Citation   | Location of Term in Functional Model |
|--------------------------------|---|--|--------------------------------------|
| Obfuscation                    | In programming, an often practiced process to make code unclear for someone else to follow. It is an intentional effort to mislead or confuse. The term obfuscation is often used in virus issues.  | <a href="http://www.csgnetwork.com/glossaryo.html">http://www.csgnetwork.com/glossaryo.html</a>  | Various, including IN.1.6            |
| Order sets                     | Order sets are prepared in (order) sessions as multi-disciplinary templates, including nursing, medical, pharmacy and allied health action items. The order sets have been reviewed by professional service organizations and are organized into problem oriented care plans wherein each order set serves to organize one session or phase of the overall plan of care. Problem and session encoding of order sets assure that order sets are employed in relevant clinical contexts and care plans, and that order sessions may be merged when multiple guidelines apply to a single patient. | HL7 Clinical Decision Support team, Jim McClay, SAGE guideline consortium, University of Nebraska Medical Center.  | Various, including DC.1.6.2          |
| <b>P</b>                       |   |  |                                      |
| Patient                        | One who is suffering from any disease or behavioral disorder and is under treatment for it.   | <a href="http://216.251.232.159/semweb/internetsomd/ASP/1549985.asp">http://216.251.232.159/semweb/internetsomd/ASP/1549985.asp</a>                            | Various including DC.1               |
| Patient representative         | Designated to bearing the character or power of the patient; acting for the patient's benefit, e.g. guardian, legal representative, surrogate, or advocate.   | <a href="http://cancerweb.ncl.ac.uk/cgi-bin/omd?representative">http://cancerweb.ncl.ac.uk/cgi-bin/omd?representative</a>                                      | Various, including DC.1              |
| Patient-originated data        | Patient provided and/or patient entered clinical data. An example would be health information provided and/or entered from an electronic or paper health record maintained and updated by an individual patient or patient representative.  |  | DC.1.1.3.2                           |
| Patient and family preferences | Health care treatment choices influenced by but not limited to language, religious, or cultural preferences selected by the patient and family.   |  | DC.1.3.1                             |
| Patient record                 | A paper or electronic tool for collecting and storing information about the healthcare services provided to a patient.  | Health Information Management Technology: An Applied Approach. Merida L. Johns, PhD, RHIA, Editor, AHIMA, Chicago, IL, 2007                                    | DC.1.1.1                             |
| Practice guidelines            | Systematically developed statements to standardize care and to assist in practitioner and patient decisions about the appropriate health care for specific circumstances. Practice guidelines are usually developed through a process that combines scientific evidence of effectiveness with expert opinion. Practice guidelines are also referred to as clinical criteria, protocols, algorithms, review criteria, and guidelines.  | <a href="http://www.mentalhealth.samhsa.gov/publications/allpubs/MC98-70/default.asp">www.mentalhealth.samhsa.gov/publications/allpubs/MC98-70/default.asp</a> | S.2.1.2                              |

| Term         | Definition   | Citation  | Location of Term in Functional Model                                 |
|--------------|--|---|--|
| Present      | To offer to view; to bring to one's attention; to bring or introduce into the presence of someone; to show or display.   | <a href="http://www.m-w.com/cgi-bin/dictionary/present">http://www.m-w.com/cgi-bin/dictionary/present</a>                           | Various, including DC.1.1.2  |
| Prevention   | Actions taken to reduce susceptibility or exposure to health problems (primary Prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).   | <a href="http://depts.washington.edu/hsic/resource/glossary.html">http://depts.washington.edu/hsic/resource/glossary.html</a>       |  |
| Principal    | <i>(noun)</i><br>1. A user, organization, device, application, component, or object.<br>2. The person primarily or ultimately liable on a legal obligation.  | <a href="http://www.meriam-webster.com/cgi-bin/dictionary/principal">http://www.meriam-webster.com/cgi-bin/dictionary/principal</a> | Various, including S.3.5   |
| Principal    | <i>(adjective)</i><br>Highest in rank, authority, character, importance, or degree; most considerable or important; chief; main; as, the principal officers of a Government; the principal men of a state; the principal productions of a country; the principal arguments in a case. e.g. principal diagnosis.  | <a href="http://cancerweb.ncl.ac.uk/cgi-bin/omd?principal">http://cancerweb.ncl.ac.uk/cgi-bin/omd?principal</a>                     | Various, including S.3.2.1   |
| Problem list | The problem list of a given individual can be described by formal diagnosis coding systems (such as DRG's, NANDA Nursing Diagnosis, ICD9, DSM, etc.) or by other professional descriptions of health care issues affecting an individual. Problems can be short or long term in nature, chronic or acute, and have a status. In a longitudinal record, all problems may be of importance in the overall long term care of an individual, and may undergo changes in status repeatedly. Problems are identified during patient visits, and may span multiple visits, encounters, or episodes of care. | HL7 Version 3.0 Edition 2006 Glossary   | DC.1.1.4, DC.1.4.3   |
| Profile      | A subset of the Functional Model, in which functions have been designated (sometimes in varying degrees) for certain EHR-S implementations or Healthcare Delivery Settings.  | HL7 EHR-S Functional Model Chapter 2: Conformance Clause  | Various, including Chapter1: Overview, Chapter 2: Conformance Clause |
| Protocol     | A set of instructions that describe the procedure to be followed when investigating a particular set of findings in a patient, or the method to be followed in the management of a given disease See also: Algorithm, Care Pathway, Practice Parameter.  | <a href="http://www.coiera.com/glossary.htm">http://www.coiera.com/glossary.htm</a>   | Various, including DC.1.5, DC.1.6.1                                  |

| Term                   | Definition  | Citation | Location of Term in Functional Model |
|------------------------|---|----------|--------------------------------------|
| Provide the ability to | <p>Requires the system to give users the ability to perform the task rather than requiring the system to perform the task itself.</p> <p><i>Explanation:</i> It is recognized that an EHR-S may not always be able to perform a specific criterion automatically. Note the difference between the following two criteria:<br/>           (1) "The system SHALL uniquely identify a patient and tie the record to a single patient."<br/>           (2) "The system SHALL provide the ability to uniquely identify a patient and tie the record to a single patient."</p> <p>The first criterion <i>requires the system to perform the task</i> of identifying a patient and tying the record to a single patient. In fact, the system may not be able to perform this criterion well, and/or it is not desirable to rely on the system to perform this criterion as it may only be able to match records to a patient as accurately as possible.</p> <p>The second criterion statement requires the system to provide the user with the ability to uniquely identify a patient and tie the record to that patient (e.g., via a screen that displays both patients and records, wherein the user can manually link the two ends together). See "Allow" and "Be able to."</p> |          | Various, including DC.1.1.1          |
| Provide access to      | <p>Implies read-write data-access capability. Since access to certain data may change from time to time or from context to context (for example, from read-only today, to read-write next year), we extend the scope of a given function's capability with the term "provide access to" by not being prescriptive regarding any given data-access restriction.</p>  |          | Various, including S.1.3             |
| <b>R</b>               |   |          |                                      |
| Record                 | <p>(<i>noun form</i> - REK-kerd)<br/>           A writing by which some act or event, or a number of acts or events, is recorded; a register; as, a record of the variations of temperature during a certain time; a family record. An authentic official copy of a document which has been entered in a book, or deposited in the keeping of some officer designated by law.</p>   |          | Various, including DC.1.1.1          |

| Term                 | Definition  | Citation  | Location of Term in Functional Model |
|----------------------|---|---|--------------------------------------|
| Record               | ( <i>verb form</i> - re-KORD):<br>Need to distinguish when the user records (user acts) and the system records (in the background, as in a time/date stamp).<br>(1) A background activity of the system that inserts data into the patient record after an authorized user has completed some documentation. Example: After an authorized user cosigns the record, the date and time of the signature is recorded in the background to complete the required documentation for that action. |   | Various, including DC.1.4.2          |
| Registry             | A written, official or formal record of information, or the place where such records are kept.  | <a href="http://en.wikipedia.org/wiki/Registry">http://en.wikipedia.org/wiki/Registry</a>   | Various, including DC.1.8.2          |
| Reminder             | A method of reminding oneself or others of an impending required action. In clinical documentation, typically an electronic reminder for follow-up. Distinct from an alert, where immediate action is required or an action is contraindicated (e.g., use of antibiotics).  |   | DC.2.2.4                             |
| Report               | A collection of facts and figures that may be printed, describing in detail an event, situation, or the like, usually as the result of observation, inquiry, etc; i.e. a medical report on the patient that maybe printed.  |   | Various, including DC.1.1.2          |
| Repudiate            | To refuse to recognize or acknowledge: deny, disacknowledge, disavow, disclaim, disown, reject, renounce.   | <a href="http://www.answers.com/topic/repudiate">http://www.answers.com/topic/repudiate</a> | IN.1.5                               |
| Resource utilization | Measurement of the effectiveness of resource usage.   |   | DC.2.6.1                             |
| Result               | The conclusion or end to which any course or condition of things leads, or which is obtained by any process or operation; an outcome. The act or process of applying general principles or formulae to the explanation of the results obtained in special cases.  |   | Various, including DC.1.1.3.1        |
| <b>S</b>             |   |   |                                      |
| Scope of Practice    | A terminology used by licensing boards for various medically-related fields that defines the procedures, actions, and processes that are permitted for the licensed individual.   | <a href="http://www.answers.com/topic/report">http://www.answers.com/topic/report</a>       | IN.1.2                               |



| Term                          | Definition  | Citation   | Location of Term in Functional Model                   |
|-------------------------------|---|--|--|
| Seamless                      | Interoperability standards enable an EHR-S to operate as a set of applications. This results in a unified view of the system where the reality is that several disparate systems may be coming together. Interoperability standards also enable the sharing of information between EHR systems, including the participation in regional, national, or international information exchanges. Timely and efficient access to information and capture of information is promoted with minimal impact to the user. |  | Various, including IN.5                                |
| Shall                         | Indicates a mandatory requirement to be followed (implemented) in order to conform. Synonymous with 'is required to'.   | HL7 EHR-S Functional Model Chapter 2: Conformance Clause   | Various, including DC.1.1.1                            |
| Should                        | Indicates an optional recommended action, one that is particularly suitable, without mentioning or excluding others. Synonymous with 'is permitted and recommended'.  | HL7 EHR-S Functional Model Chapter 2: Conformance Clause   | Various, including DC.1.1.1                            |
| Single logical patient record | The integration of health information and knowledge from different EHR-S sources to create a single organized and accessible patient health record that can be managed from a single logical point; and will allow referencing of all available health information pertaining to a specific individual maintained throughout an integrated health information network. An indexed system that will provide access to all stored data for a particular patient.  | <ul style="list-style-type: none"> <li>♦ <a href="http://www.ercim.org/publication/Ercim_News/enw29/tsiknakis.html">http://www.ercim.org/publication/Ercim_News/enw29/tsiknakis.html</a></li> <li>♦ "An Integrated Architecture for the Provision of Health Telematic Services in a Regional Network." By Monolis Tsiknakis and Stelios Orphanoudakis, Information Technology in Medicine and Health Care, ERCIM News, No. 29 - April 1997.</li> </ul> | DC.1.1.1   |
| Situational criterion         | Criterion that is required if the circumstances given are applicable.   | HL7 EHR-S Functional Model Chapter 2: Conformance Clause   | Chapter 2: Conformance Clause, Section 9 - Definitions |
| Specialized views             | Computer customized view based on encounter specific values, clinical protocols and business rules.   |  | S.3.1.1  |
| Standards of practice         | An umbrella term that includes key documents which describe the responsibilities and define safe practice. These documents include: professional standards, ethical guidelines, entry-level competencies, provincial regulations, standards of care, and practice guidelines.   | <a href="http://www.dietitians.ca/career/i5.htm">http://www.dietitians.ca/career/i5.htm</a>  | Various, including DC.2.1.4                            |

| Term  | Definition   | Citation  | Location of Term in Functional Model   |
|---|--|---|--|
| Store<br>(i.e. the system shall store and manage) | To place or leave in a location (as a warehouse, library, or computer memory) for preservation or later use or disposal.   | <a href="http://www.m-w.com/cgi-bin/dictionary?book=Dictionary&amp;va=store">http://www.m-w.com/cgi-bin/dictionary?book=Dictionary&amp;va=store</a>   | Various, including IN.2.3              |
| Structured data                                   | <p>Structured health record information is divided into discrete fields, and may be enumerated, numeric or codified. Examples of structured health information include:</p> <ul style="list-style-type: none"> <li>♦ patient address (non-codified, but discrete field)</li> <li>♦ diastolic blood pressure (numeric)</li> <li>♦ coded result observation</li> <li>♦ coded diagnosis</li> <li>♦ patient risk assessment questionnaire with multiple-choice answers</li> </ul> <p>Context may determine whether or not data are unstructured, e.g., a progress note might be standardized and structured in some EHR-S (e.g., Subjective/Objective/Assessment/Plan) but unstructured in others.</p> |   | IN.2.5                                 |
| Structured text                                   | Computer functions that return a single value.   |   | DC.1.1.3.1                             |
| Summary list                                      | A shortened version of something that has been said or written, containing only the main points.   | <a href="http://encarta.msn.com/encnet/features/dictionary/DictionaryResults.aspx?refid=1861716863">http://encarta.msn.com/encnet/features/dictionary/DictionaryResults.aspx?refid=1861716863</a> | DC.1.4                                 |
| Support standard assessments                      | Enable a routine evaluation.   | <a href="http://encarta.msn.com">http://encarta.msn.com</a>   | DC.2.1.1                               |
| Support   | Used in conjunction with the main verb, as in SHALL support or SHOULD support. In information technology, support refers to functionality that is provided between or among products, programs, devices, modes, or accessories.  | <a href="http://whatis.techtarget.com/wsearchResults/1,290214,sid9,00.html?query=support">http://whatis.techtarget.com/wsearchResults/1,290214,sid9,00.html?query=support</a>                     | Various, including DC.1                |
| Support for patient context-enabled assessments   | Enable a patient focused evaluation.   | <a href="http://encarta.msn.com">http://encarta.msn.com</a>   | DC.2.1.2                               |
| Supportive functions                              | Supportive EHR-S functions are the subset of EHR-S functions that assist with the administrative and financial requirements associated with the delivery of healthcare. Supportive EHR-S functions also provide input to systems that perform medical research, promote public health, and seek to improve the quality of healthcare delivered.  |   | Various, including Chapter 1: Overview |
| <b>T</b>  |  |   |  |

| Term               | Definition   | Citation  | Location of Term in Functional Model  |
|--------------------|--|---|---------------------------------------|
| Text               | In information technology, text is a human-readable sequence of characters and the words they form that can be encoded into computer-readable formats such as ASCII. Text is usually distinguished from non-character encoded data, such as graphic images in the form of bitmaps and program code, which is sometimes referred to as being in "binary" (but is actually in its own computer-readable format).   | <a href="http://searchsmb.techtarget.com/sDefinition/0,,sid44_gci213853,00.html">http://searchsmb.techtarget.com/sDefinition/0,,sid44_gci213853,00.html</a>                                       | Various, including DC.1.1.3.1         |
| Timestamp          | A timestamp is the current time of an event that is recorded by a computer. Through mechanisms such as the Network Time Protocol ( NTP ), a computer maintains accurate current time, calibrated to minute fractions of a second.  | <a href="http://whatis.techtarget.com/wsearch/1,290214,sid9,00.html?query=timestamp">http://whatis.techtarget.com/wsearch/1,290214,sid9,00.html?query=timestamp</a>                               | Various, including DC.1.8.1           |
| Treatment option   | One of many remedies with object of effecting a cure.  | The American Heritage Dictionary of the English Language  | Various, including DC.1.3.3           |
| Treatment plan     | See Care plan.   | HL7 Clinical Decision Support team, Jim McClay, SAGE guideline consortium, University of Nebraska Medical Center.   | Various, including DC.1.6.2, DC.2.1.4 |
| Treatment protocol | A plan to apply remedies with the objective of effecting a cure.   | The American Heritage Dictionary of the English Language  |                                       |
| <b>U</b>           |  |   |                                       |
| Update             | To enter into the electronic health record the most recent information or more recent information than was previously available.   | <a href="http://encarta.msn.com/encnet/features/dictionary/DictionaryResults.aspx?refid=1861708594">http://encarta.msn.com/encnet/features/dictionary/DictionaryResults.aspx?refid=1861708594</a> | Various, including DC.1.1.2           |
| Uniquely identify  | A standard that lets you specify a unique label to the set of element names.   |   | IN.3                                  |
| Unstructured data  | <p>Unstructured health record information is information that is not divided into discrete fields AND not represented as numeric, enumerated or codified data.</p> <p>General examples of unstructured health record information include:</p> <ul style="list-style-type: none"> <li>◆ text</li> <li>◆ word processing document</li> <li>◆ image</li> <li>◆ multimedia</li> </ul> <p>Specific examples include:</p> <ul style="list-style-type: none"> <li>◆ text message to physician</li> <li>◆ patient photo</li> <li>◆ letter from family</li> <li>◆ scanned image of insurance card</li> <li>◆ dictated report (voice recording)</li> </ul> |   | IN.2.5                                |

| Term              | Definition   | Citation  | Location of Term in Functional Model |
|-------------------|--|---|--------------------------------------|
| Unstructured text | Text lacking a definite structure or organization; not formally organized or systematized.                                       | <a href="http://www.answers.com/library/Dictionary;jsessionid=2nn5846ql7gmh-cid-1992345752-sbid-lc07a">http://www.answers.com/library/Dictionary;jsessionid=2nn5846ql7gmh-cid-1992345752-sbid-lc07a</a> | Various, including S.2.2             |
| <b>V</b>          |  |   |                                      |
| Versioning        | The management of multiple revisions of the same unit of information.  | <a href="http://en.wikipedia.org/wiki/Versioning">http://en.wikipedia.org/wiki/Versioning</a>   | Various, including IN.4.2, IN.5.2    |
| View              | <i>(noun form)</i> Specific information displayed on a computer monitor after it has been filtered by the system. See "Display." |   | Various, including DC.1.1.3.2        |